

**Utah's Division of Child and Family Services**

# **Eastern Region Report**

## **Qualitative Case Review Findings**

**Review Conducted  
February 26 – March 2, 2007**

*A Joint Report by  
The Child Welfare Policy and Practice Group  
And  
The Office of Services Review, Department of Human Services*

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May 1, 2007

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# I. Introduction



The Eastern Region Qualitative Case Review for FY 2007 was held the week of February 26 - March 2, 2007. Reviewers representing the Child Welfare Group, Office of Services Review, Division of Child and Family Services and community partners participated in the review. For the fourth consecutive year the region came very close to achieving the exit criteria. This year they fell just one case short on Child and Family Assessment and Long-term View and two percentage points short on overall System Performance.

## II. System Strengths

During the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was identified by the reviewers during the preparation for the exit conference. Not all strengths were noted in every case. Nevertheless, each of these strengths contributed to improved and more consistent outcomes for specific children and families.

### **STRENGTHS:**

#### Teaming

- There was tremendous support from extended family and the community.
- There were excellent efforts to keep siblings connected despite being placed apart.
- Power was given to the team.
- Legal partners were participating in the team meetings.
- A well functioning team had a lot of input from the therapist and the team continuously assessed the needs of the family.
- Creativity within the team led to accessing resources to meet the needs of a child who was denied treatment by Medicaid.

#### Transitions

- There was a good case transition from an experienced worker to a new worker.
- There was an excellent transition plan for an 18-year-old disabled youth.
- There was excellent planning for a future transition that became important when an emergency caused it to be put into place sooner than expected.
- A supervisor smoothed the transition between workers and paid attention to the needs of the family.

#### Assessing

- A well done assessment got to the core of the child and family's needs.

- A well-crafted written assessment, plan and long-term view translated into the work of the team.
- A well-written assessment was developed by a team within the office and utilized the clinicians as well.

#### Tracking and Adaptation

- Tracking and adaptation were done to meet the family's requests.
- There was a strong effort to work with the tribal court.
- There was a tailor-made substance abuse program for the parents.
- Implementation of services was prioritized to avoid overwhelming the family.
- The caseworker understood the needs of the case and knew the family.

#### Other

- There was tremendous passion and commitment by the Division for the family.
- The supervisor attended team meetings with the worker as a part of practice.
- A new worker who was functioning well attributed his success entirely to the mentoring he received from his supervisor.
- A caseworker specialized in cases with disabilities.
- A worker engaged the family well.

In addition to the strengths identified by the reviewers, region staff members had some additional thoughts about what they believe had improved practice and what they are committed to continuing to do well. The region believes they are seeing well functioning teams and ownership by the families. They believe they have high quality caseworkers and good supervisors who all work together well. They believe there has been a lot more intensity by the workers in the past two years, and where they focused their efforts the improvement showed. There has been a focus on supporting line workers, and clinical staff have been assigned to mentor and support the workers in team meetings and help them write assessments. Teams in the office collaborate and review each other's Child and Family Assessments. Assessment is now an ongoing process. The region believes there is a wealth of knowledge within the offices. Everyone cooperates and supports each other to get the work done. They help each other with visits and team meetings. They state that they do what they do because they know it is best practice; they don't just do it for the review. They see improvements region wide, not just in pockets.

### **III. Stakeholder Observations**

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The monitor and OSR staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies and DCFS staff. This year the Qualitative Case Reviews in the Eastern Region were supported by focus groups with DCFS workers, DCFS supervisors, the regional administration team, foster parents and members of the Quality Improvement Committee in Price. In addition, interviews were

conducted with two judges, a Guardian ad Litem, an Assistant Attorney General, the regional director of DCFS, a local director of Workforce Services, a representative of the Children's Justice Center, a representative of the Youth in Custody program, an elementary school principal, a high school vice principal, a director of a women's shelter and a local newspaper reporter.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted.

Typically only one group of caseworkers is interviewed as a focus group for the region. Because Eastern region is so diverse and so spread out geographically, caseworker groups were held in five different areas (Roosevelt, Price, Castledale, Moab and Blanding). This allowed virtually all caseworkers the opportunity to have a voice in the process. The following comments are a compilation of the comments made in the various caseworker focus groups.

## **ROOSEVELT**

### **What is working well?**

- They have a prevention specialist assigned to their area. He has made connections with community support services and helped workers connect families to services. This is keeping children in their homes and preventing removal.
- They have a new trainer.
- The domestic violence program is becoming a strength.
- Transitions between teams and workers go a lot smoother.
- Workers see teaming as one of their greatest strengths.
- Workers feel supported by supervisors and region administration.

### **What are the challenges?**

- Workers find it difficult to work with tribal cases.
- Due to the oil boom, families are there during the week but gone on weekends.
- Foster children are placed out of the area due to lack of foster homes in the area.
- Juggling state and federal laws with tribal laws is difficult.
- Understanding the needs of parents as new drugs enter the area is difficult.
- Workers believe caseloads are at an all time high.

### **If you could change one thing, what would it be?**

- Additional foster homes, residential units and mental health services
- Additional funding for the prevention program
- Additional training around assessment
- Additional FTE's, worker incentives, and pay raises

## **MOAB**

### **What is working well?**

- The workers relationship with partners has improved, especially with schools and law enforcement.
- DCFS has a dedicated Domestic Violence resource.
- DCFS has an in-house therapist that workers can use.
- Moab is getting some good private providers and they have weeded out the others.
- A teen center opened within the past year.
- Youth Services has become more active and DJJS will partner with DCFS.
- Domestic Violence is recognized and reported more often.

### **What are the challenges?**

- DCFS struggles to find therapy spots for clients.
- There is no therapy for sex specific cases since ISAT left the area.
- The judge sends them cases when the issue is just truancy or bad grades.
- Native American kids migrate back to the reservation as soon as DCFS gets involved.
- The population of the area grows and declines seasonally.
- Supervisors are never in the office. They are always at meetings in other areas.
- New workers aren't getting the training or mentoring that they need before getting cases.
- Socioeconomic stressors such as the high cost of living lead to drug and alcohol abuse.

### **If you could change one thing, what would it be?**

- Proctor homes closer to their area so kids aren't sent to the Wasatch Front.
- Closer linkage with Primary Children's Medical Center for difficult diagnoses.
- More training on the legal aspects of a worker's job.
- A pay increase that reflects the high cost of living in the area.
- Pay increases based on performance.
- More synergy and cooperation between the regions to occasionally help with visits.
- If there is no reunification for a child placed out of the region, transfer the case.
- Workers should not have to do UAs on their clients.
- Substance abuse counseling for teens is needed.

## **BLANDING**

### **What is working well?**

- The DCFS staff works well together. Workers help each other with visits and transports.
- Cases are staffed so workers don't have to make decisions on their own.
- Teaming has become more prevalent and structured.
- Families are empowered to ask for team meetings.
- Therapists are beginning to attend team meetings.
- DCFS does a good job of reunifying kids under age 15 with their families.
- DCFS has a great relationship with therapists and law enforcement.

### **What are the challenges?**

- Every foster child is placed out of the region.
- They don't have any drug or alcohol treatment facilities.

- Local physicians won't declare children medically neglected or failure to thrive.
- There is no Medicaid dental provider within an hour and a half.

**If you could change one thing, what would it be?**

- Create a group home for young children.
- Have one person devoted to finding permanency for older kids.
- Experienced workers should be paid more than new workers.

**PRICE AND CASTLEDALE**

Price and Castledale workers were interviewed as two separate groups, but their comments were combined by the facilitator.

**What is working well?**

- Workers feel a lot of support from community partners.
- There is community support for DCFS clients so developing an informal support system is easy.
- There is an increased level of worker expertise.
- Support from supervisors has greatly improved.
- Team decision making is now the norm.
- Teams within the office work well together.
- There is a focus on prevention so many families are being helped without removing kids.
- Administration is available to support workers.

**What are the challenges?**

- The Division constantly asks them to do more, but existing requirements are never reduced.
- Documentation and report writing are extremely time consuming.
- Caseloads are now around 20 per worker.
- Children are placed out of the region due to a shortage of foster homes.
- Workers feel foster parents sometimes hinder reunification, won't help move the case forward, or won't follow team recommendations.

**If you could change one thing, what would it be?**

- DCFS needs sufficient facilities to accommodate all of the team meetings in the office.
- Come to an agreement with the AGs about when CPS cases will be taken to court. AGs want cases quickly heard by the court while workers would prefer they be given time to establish supports and attempt voluntary intervention first.

The facilitator noted a need for intervention by the region to strengthen relationships between workers and foster parents. Each felt they were not valued or respected by the other, as some of

the challenges noted above by workers indicate. Similar comments were made by foster parents about workers. Those comments appear in the community partners section a little later in this report.

The groups of caseworkers were also asked how things might be different if the lawsuit ended. Workers were excited that the stress level and demands on them would decline if they exited court oversight. They are confident the level of services would remain high if funding remained in place. Their only concern was that the legislature may cut funding to DCFS if the oversight of the Federal Court is gone. If funds were cut, they are afraid they would lose workers and their caseloads would skyrocket.

Supervisors were also interviewed as part of this review. Focus groups of supervisors were held in three different areas: Price, Moab, and Roosevelt.

## **ROOSEVELT**

### **What is working well?**

- Workers are implementing Practice Model.
- Families are being heard and their needs are being identified.
- The prevention program is working and keeping families together.
- Their recidivism rate dropped substantially over the past year.
- Community perception has improved and families are willing to work with the Division.
- A training team has been developed and specialized training is offered to families and workers.
- Supervisors work together as a team.
- Supervisors feel great support from regional administration.

### **What are the challenges?**

- They don't have the same level of control on tribal cases, so implementing Practice Model is difficult.

### **If you could change one thing, what would it be?**

- They need an area clinical consultant to help workers understand clients' mental health needs.
- The prevention worker's position needs to be full-time.
- They would like a position for an intervention specialist.
- They need foster homes and residential treatment facilities so kids can stay in the area. One in three kids has to leave the area to get services.

## **MOAB**

### **What is working well?**

- Workers are highly competent considering how little experience they have.
- The turnover rate is slowing down.
- Many DCFS staff members sit on community committees.
- The relationship with the court is better than it has been.



- Teaming with community partners has improved.
- Drug Court has been a big support to the community. People can get into treatment quickly via Drug Court.

#### **What are the challenges?**

- Workers believe caseloads have gone up.
- The cost of living in the area has increased dramatically.
- Lots of removals are for sexual acting out. Kids have to be removed to get treatment outside of the community.
- Substance abuse is an issue with younger and younger children.
- Native American families leave the area as soon as a case is opened on them.
- The majority of families are involved due to domestic violence or methamphetamines.
- Providers are narrowing the scope of people they will work with.
- Supervisors don't have time to supervise because they carry caseloads.
- Supervisors get sent to a lot of training that they don't feel is necessary.

#### **If you could change one thing, what would it be?**

- They would like to do more prevention work such as community presentations.
- A financial incentive for workers is needed.
- Increase staffing levels as population and referrals increase.
- Change the focus to doing things because they are best practice rather than doing things for the lawsuit.

### **PRICE AND CASTLEDALE**

#### **What is working well?**

- The relationship between supervisors and administrators has greatly improved.
- Supervisors feel close to their workers and are an active part of most family teams.
- Workers have a greater understanding of planning, assessing, and underlying needs.
- Families are willing to re-engage with DCFS before problems get out of hand.
- DCFS is seen as a community partner rather than an agency to fear.
- New cases are staffed to determine which team/supervisor/worker would work best with the family.
- A high level of training is offered to new workers.
- New workers function at an exceptional level much earlier.

#### **What are the challenges?**

- Much travel is required to accomplish the work.

#### **If you could change one thing, what would it be?**

- Provide training in the region so workers don't have to travel outside of the region.
- There is a need for additional foster homes, group homes and residential facilities in the area.

- Providers and community partners should have the opportunity to receive Practice Model training.
- They would like to see a process that would allow easy access by workers to the Quality Improvement Committee so they could staff case needs with them.
- There needs to be a way to give frontline staff monetary compensation for long term service.
- They need additional staff.

As with the workers, supervisors were asked how they thought things might change if court oversight ended. Their comments were very similar to the workers' comments. They believed that the quality of practice would remain the same as long as funding remained the same, but they feared the Legislature would cut funding if oversight ended, which would lead to having too few workers to do the job and a dramatic increase in caseloads.

Region administrators also convened as a focus group. Their comments follow:

## **REGION ADMINISTRATION**

### **What is working well?**

- A worker incentive plan was developed and implemented over the past year.
- The number of supervisor positions was reduced so regional specialist positions could be created, such as the Creative Interventions Specialist.
- CPS workers can offer interventions that will prevent removal of children or prevent opening an ongoing case.
- New workers are assigned a mentor the first day of employment.
- New workers are introduced to community partners so they know who to include in teaming and how to coordinate supports.
- There has been a partnership to train Ute tribal workers in the Practice Model.
- The Domestic Violence program has made great strides. There are perpetrator treatment programs in each of the regional areas.
- There are shelters in each of the major communities within the region.
- The partnership between DCFS and community services is stronger.
- The Quality Improvement Committee is a strength.
- The relationship between DCFS and the media has greatly improved.

### **What are the challenges?**

- There was a significant population increase over the past year.
- Caseloads are higher, so the need for foster homes is greater.
- Most out of home cases require that kids be placed on the Wasatch Front, which makes teaming, parent visitation, and worker visits very difficult.

### **If you could change one thing, what would it be?**

- The foremost need in the region is additional foster families.
- The second most critical need is additional front line workers to support the increase in caseloads.

- There is a need for increased training on methamphetamine addiction.
- More programs are needed to support drug users.
- Interventions for younger children involved in high risk behaviors such as drugs and sexual behaviors are needed.

When asked about the potential of exiting court oversight, all of the administrators expressed support for continuing QCR reviews after court oversight ends. They said workers have come to see the QCR process as a means of looking for ways to improve their casework.

Stakeholder interviews with community partners were held in Roosevelt, Moab, Blanding, and Price. Some of these were interviews with individuals and others were groups of community partners.

In the Roosevelt area an Assistant Attorney General, a representative of the Children's Justice Center, a representative of the Youth in Custody program and a local newspaper reporter were interviewed. Their comments are compiled below and are organized around the same three general questions asked of DCFS caseworkers, supervisors, and administrators.

## **ROOSEVELT**

### **What is working well?**

- Workers are very accessible to community partners and have a good relationship with them.
- Partners feel supported by DCFS and region administration.
- Partners are invited to participate in team meetings and they are pleased with the teaming that takes place between themselves and DCFS.
- The example of teaming that DCFS has set is filtering into other community agencies.
- Workers are very caring.
- Workers are proactive in providing services to families.
- Community meetings have educated the community on the Practice Model and the role of DCFS.
- Workers are better trained and more capable upon receiving cases.
- Workers hold themselves accountable and have a good understanding of family needs.
- The quality of supervision in the area is at an all time high.
- Workers and community partners feel the support of supervisors.
- Oil companies are willing to provide some funding to address the impact they have had on the community.

### **What are the challenges?**

- The influx of oil workers has increased the population and caseloads.

### **If you could change one thing, what would it be?**

- Native American services are needed to address the needs of Native American families.
- DCFS needs to have offices in more of the smaller towns.

In the areas of Moab and Blanding the facilitators interviewed a Guardian ad Litem, a director of a women's shelter, a judge, a principal, and a LIC chairman. Some of these partners were familiar with either Blanding or Moab. Other partners served both areas but were careful to point out that particular strengths or challenges pertained to one area but not the other. For that reason each of these areas is addressed separately although the partners serve both areas. Where the partner did not distinguish between areas the comment was presumed to apply to both areas.

## **MOAB and BLANDING**

### **What is working well?**

- The working relationship between partners and DCFS is excellent and everyone supports teaming.
- Court reports are received in a timely manner and are well written.
- The majority of workers do everything they can to facilitate the needs of children and families.
- DCFS administration is working to assist all workers in improving their work with families.
- The appellate process has sped up.
- Workers do a great job returning kids to parents within the allotted time frames.

### **What are the challenges?**

- Use of methamphetamine has increased, especially among women.
- There is a gap between termination and adoption. DCFS needs to move more quickly to get kids adopted.
- There is a big gap in mental health treatment that results in kids being brought into care.
- There is a lack of substance abuse treatment facilities.

### **If you could change one thing, what would it be?**

- The state should find ways to provide the services to very rural communities such as those available in more populated areas.
- Establish the Drug Court program in all areas of the state to increase success rates.
- Provide additional funding for the GAL office so they could afford to travel to visit children placed outside the area.

## **MOAB**

### **What is working well?**

- DCFS has an incredible community liaison.
- DCFS is more focused on preserving families rather than removing children.
- Workers are staying longer.
- Workers collaborate well.
- The majority of workers are competent and prepared.
- Workers have the best interests of kids in mind.
- The recent addition of a DCFS in-house clinician was a good addition.
- Wraparound services are good and are sufficient to keep most kids stabilized.
- They have a three-year grant for a mentor program in the schools.

### **What are the challenges?**

- The relationship with law enforcement is not as strong as it could be.
- Law enforcement officers take a “good ole boy” approach to domestic violence.
- There are too few foster families.
- The focus is on responding to emergencies rather than prevention.
- The mental health population has increased.
- There is a lot of teenage pregnancy, and families seem to support it.
- The drop out rate is high due to the cost of living.
- Workers are frustrated by high caseloads.
- Workers are young and inexperienced. Inexperienced workers can’t identify risks like experienced workers can.
- There is lots of worker turnover so rapport with families has to be continually reestablished.
- The community perceives DCFS as an interference and families resist intervention. They used to be seen as helpful, but are now seen as only coming to remove kids.
- There is a lack of follow through by workers on court ordered services.
- When FACT was eliminated an important safety net was lost.
- The resources do not match up well at all with the needs of the community.

### **If you could change one thing, what would it be?**

- There needs to be more care taken to preserve confidentiality about who made referrals.
- More prevention services should be offered to keep kids in the home.
- Provide job shadowing for new workers.
- DCFS would place children more quickly.
- Put social workers in the schools.
- Provide parenting classes like Love and Logic.
- Expand in-home services and voluntary services.
- Create after school clubs and a teen center so kids don’t “live” unsupervised at the library.
- Collaboration among agencies needs to return to the previously high level.

## **BLANDING**

### **What is working well?**

- Workers have longevity with the Division.
- DCFS interacts well with other agencies.
- Workers have the best interest of kids in mind.
- DCFS is pretty successful at returning kids to families.
- The workers have good reputations in the community.
- DCFS involves partners in teaming.
- DCFS and DWS coordinate the plans of joint clients.
- There is good communication between agencies and no sense of territorialism.
- Workers take a positive, creative approach with families.

- DCFS is seen as trying to help families rather than break them up.
- The quality of DCFS staff is excellent.
- There are good therapists available and the health care system is improving.
- Community groups seem more aware of what each other are doing and are reaching out to each other.

### **What are the challenges?**

- Drug abuse goes unchecked in the Blanding area because workers don't recognize it and don't know how to respond to it.
- There is too little drug treatment and users are released without aftercare.
- Workers are naïve about substance abuse. They believe the parent is cured if they are clean for 90 days.
- The community's perception is that DCFS just runs in and takes kids away.

### **If you could change one thing, what would it be?**

- Workers need greater training on substance abuse.
- They need more local foster homes.
- The Legislature needs to do more to help workers feel appreciated.
- Department and Division leadership need to do more about requesting raises and do what they can within the current system.

## **PRICE**

Stakeholder interviews held in the Price area included a foster parent focus group, a judge, and the Quality Improvement Committee (QIC). Their comments are compiled below.

### **What is working well?**

Foster parents feel the QIC has been a positive addition to overall teaming. They have helped get services for children.

The GAL is accessible and responsive to foster parents.

The working relationship between foster parents and administration is strong.

The pre-license training for foster parents is excellent.

Workers are doing quality visits with the children.

There is a much greater sense of teaming between DCFS and community partners.

Service plans are more detailed and teams are developed earlier.

The Division has an improved reputation within the community.

Workers are competent, well trained and highly committed to their work.

The Price DCFS office is the best right now that it has ever been.

There is a good relationship between the AG's office and the GAL.

The QIC has a good working relationship with DCFS.

Schools have improved communication with DCFS because of the QIC.

By working together as community partners they get the most out of every tax dollar.

The QCR reviews have a positive influence on the quality of the work.

### **What are the challenges?**

- The GAL's workload prohibits spending one on one time with children.
- Foster parents feel they always have to go beyond the front line workers in order to get their concerns addressed.
- Foster parents feel they are given very little information about the child's behaviors, health history or specialized needs when the child is placed, which has sometimes compromised the safety of the foster home.
- Foster parents feel they are not given the same respect from workers that biological parents are given.

**If you could change one thing, what would it be?**

- Foster parents would like workers to spend more time with them when they come to visit the children.
- Foster parents would like to see their relationship with workers improve.
- Foster parents would like training on dealing with specific behaviors of children in their homes.
- Foster parents would like to be included in a family team meeting before the child is placed.
- The Price area needs additional foster families, residential facilities and sex specific treatment centers.
- The process for licensing kinship placements needs to be expedited.
- Put more prevention programs in place so children don't have to be removed.

The community partners were also asked about their feelings about the possible termination of court oversight. They were somewhat nervous about it, believing that "we all do better with measurements." They see a need to make sure the measures are kept honest. They hope the progress that has been achieved over the course of the lawsuit will remain. They believe DCFS staff will continue to act responsibly and that they have the right leadership and staff to carry on as they have been. They shared the concerns previously expressed by staff that the Legislature may reduce funding, thereby requiring staff reductions that would prohibit maintaining case work at the current level.

## **IV. Child and Family Status, System Performance, Analysis, Trends and Practice Improvement Needs**

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.



## Child and Family Status Indicators

### Overall Status

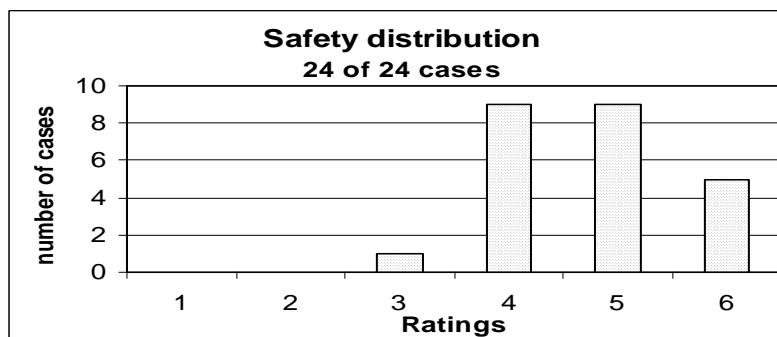
Eastern Child Status									
	# of cases (+)	# of cases (-)		FY03	FY04	FY05	FY06	FY07	
			Exit Criteria 85% on overall score						Current Scores
Safety	23	1	<div><div></div></div> 96%	96%	100%	96%	100%		96%
Stability	20	3	<div><div></div></div> 87%	67%	75%	75%	83%		87%
Approp. of Placement	22	1	<div><div></div></div> 96%	100%	100%	92%	92%		96%
Prospects for Permanence	14	9	<div><div></div></div> 61%	58%	63%	75%	63%		61%
Health/Physical Well-being	23	0	<div><div></div></div> 100%	96%	100%	100%	100%		100%
Em./Beh. Well-being	22	1	<div><div></div></div> 96%	79%	83%	92%	88%		96%
Learning Progress	21	2	<div><div></div></div> 91%	83%	88%	83%	88%		91%
Caregiver Functioning	15	1	<div><div></div></div> 94%	100%	100%	100%	100%		94%
Family Resourcefulness	10	3	<div><div></div></div> 77%	50%	77%	82%	69%		77%
Satisfaction	18	5	<div><div></div></div> 78%	96%	92%	88%	88%		78%
Overall Score	23	1	<div><div></div></div> 96%	96%	100%	92%	100%		96%
			0% 20% 40% 60% 80% 100%						

Note: Because one of the target children was AWOL at the time of the review, that case automatically failed Safety and therefore automatically failed overall Child Status as well. Safety was the only Child Status indicator scored on that case; therefore, other indicators that would normally show a total of 24 cases will only show a total of 23.

### Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

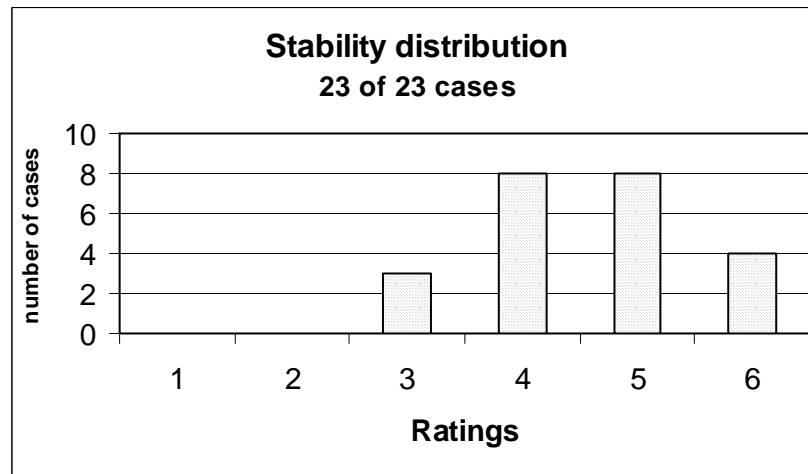
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is a slight change from 100% last year. This year there was just one case that received an unacceptable score on safety, and that was due to the child being AWOL at the time of the review. As the distribution shows, most of the children were not just minimally safe, they were substantially or optimally safe.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

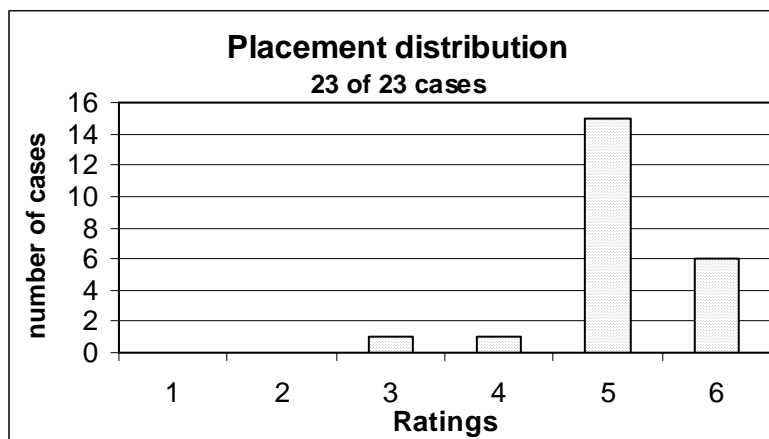
**Findings:** 87% of cases scored were in the acceptable range (4-6). This is up from 83% last year.



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

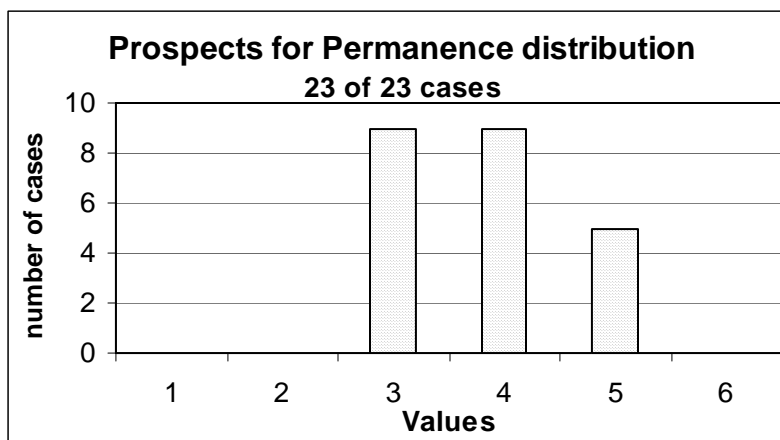
**Findings:** 96% of cases scored were in the acceptable range (4-6). This is an improvement over last year's already high score of 92%. Twenty-one of the 23 cases scored received a score of 5 or 6 on this indicator.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

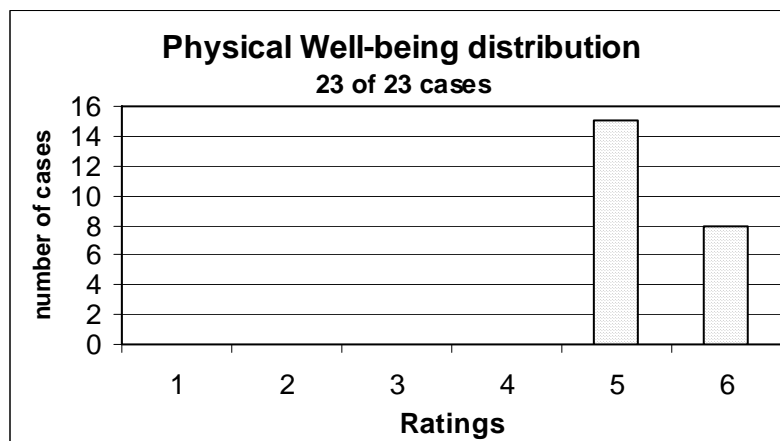
**Findings:** 61% of cases scored were within the acceptable range (4-6). This was a slight dip from last year's score of 63%.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

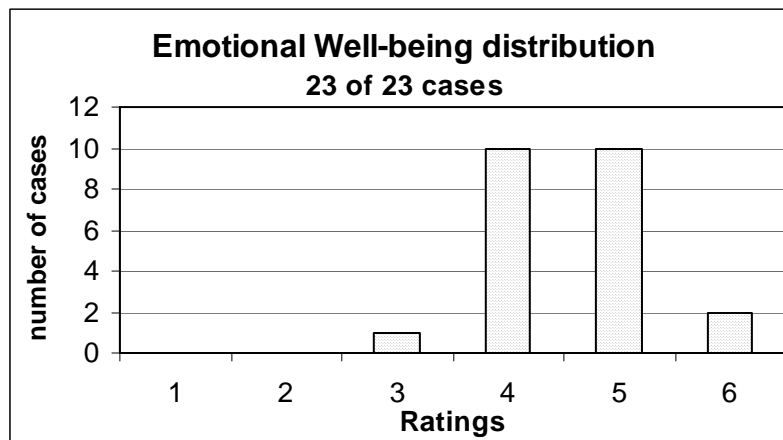
**Findings:** 100% of cases scored were within the acceptable range (4-6). No child received a minimally acceptable score; every child was found to have substantial or optimal health status.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 96% of cases scored were within the acceptable range (4-6). This is an improvement over last year's already high score of 88% on this indicator. In twelve of the 23 cases scored, children were found to have substantial or optimal emotional well being.

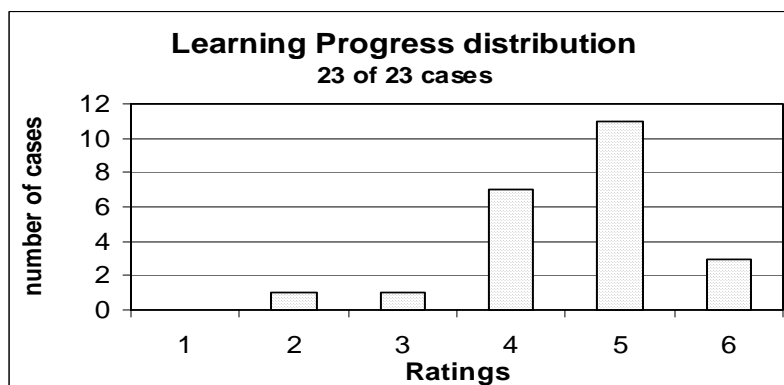


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

Note: There is a supplementary scale used with children under five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

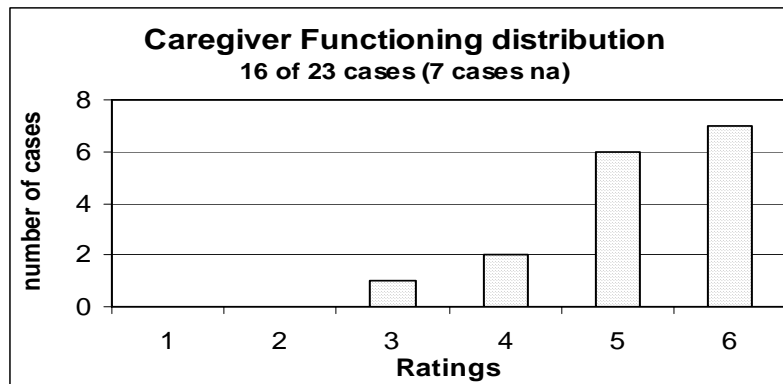
**Findings:** 91% of cases reviewed were within the acceptable range (4-6), which is a slight increase over last year's score of 88%. Fourteen of the 23 cases scored had substantial or optical learning progress.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

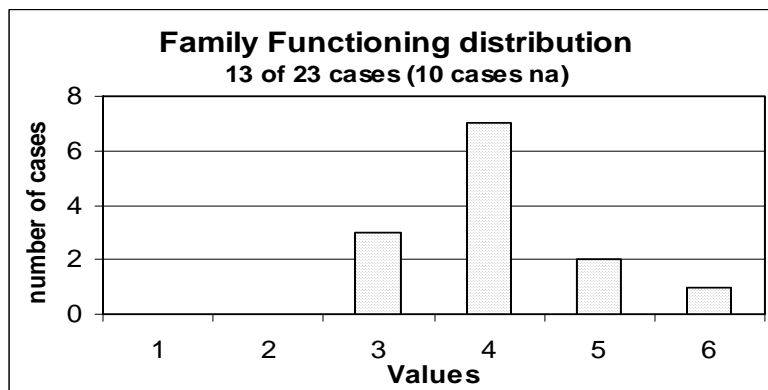
**Findings:** 94% of cases reviewed were within the acceptable range (4-6), and in most cases the child was receiving substantially adequate or optimal care giving.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

**Findings:** 77% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase of eight points over last year's score (69%).



## Satisfaction

**Summative Question:** Are the child and primary caregiver satisfied with the supports and services they are receiving?

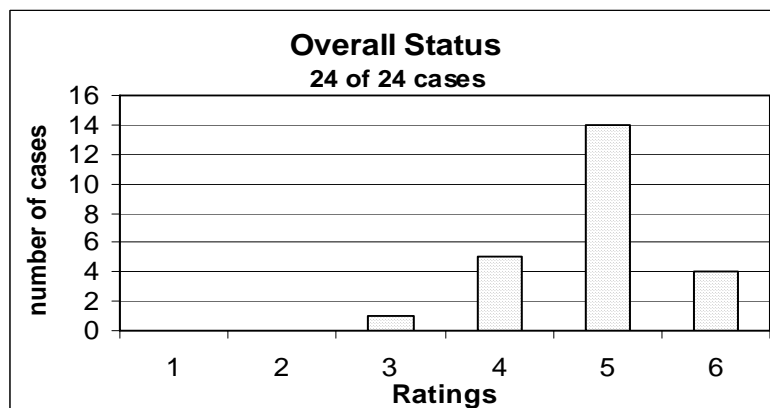
**Findings:** 78% of cases reviewed were within the acceptable range (4-6), a decrease from last year's score of 88%.



## Overall Child and Family Status

**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump,” so the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

**Findings:** 96% of cases reviewed were within the acceptable range (4-6). Had one child not been AWOL at the time of the review, this indicator would have scored 100%.



## System Performance Indicators

### Overall System

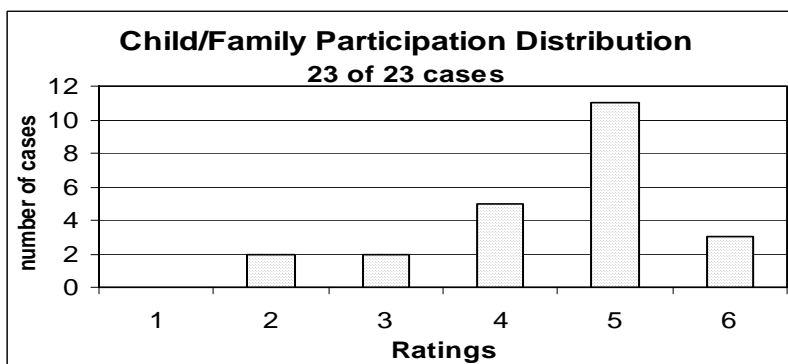
Eastern System Performance				FY03	FY04	FY05	FY06	FY07
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators Exit Criteria 85% on overall score					Current Scores
C&F Team/Coordination	17	6	74%	75%	75%	79%	75%	74%
C&F Assessment	15	8	65%	58%	38%	63%	50%	65%
Long-term View	15	8	65%	50%	50%	63%	54%	65%
C&F Planning Process	19	4	83%	58%	71%	71%	83%	83%
Plan Implementation	23	0	100%	79%	79%	92%	92%	100%
Tracking & Adaptation	18	5	78%	83%	71%	88%	88%	78%
C&F Participation	19	4	83%	83%	83%	79%	92%	83%
Formal/Informal Supports	22	1	96%	83%	79%	88%	96%	96%
Successful Transitions	17	3	85%	54%	83%	65%	81%	85%
Effective Results	20	3	87%	79%	83%	88%	100%	87%
Caregiver Support	15	1	94%	90%	100%	100%	100%	94%
<b>Overall Score</b>	<b>19</b>	<b>4</b>	<b>83%</b>	<b>71%</b>	<b>83%</b>	<b>92%</b>	<b>88%</b>	<b>83%</b>

Note: Because one of the target children was AWOL at the time of the review the child could not be interviewed. It has previously been determined that on an AWOL case none of the System Indicators will be scored. For that reason System Performance indicators that would normally show a total of 24 cases will instead show a total of 23.

### Child/Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

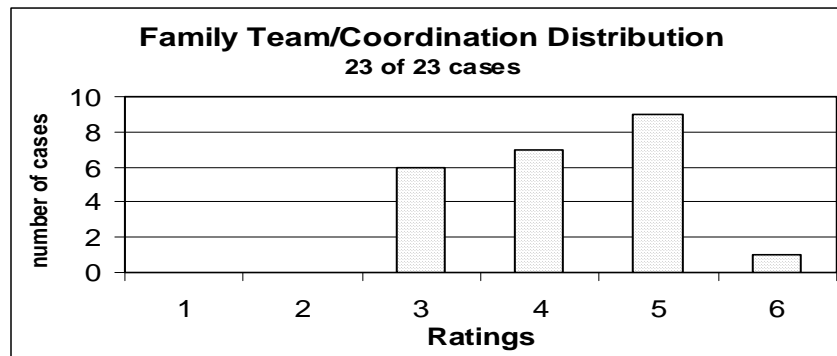
**Findings:** 83% of cases scored were within the acceptable range (4-6). Although this was a decrease from last year's score of 92%, fourteen of the cases reviewed this year had either substantially acceptable or optimal participation.



## Child/Family Team and Team Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

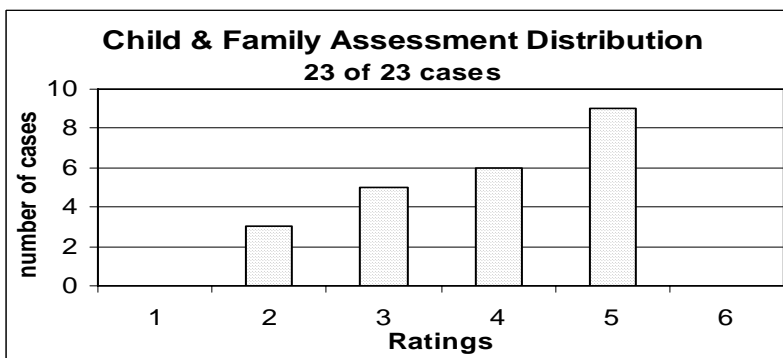
**Findings:** 74% of cases reviewed were within the acceptable range (4-6). This is nearly identical to last year's score of 75%.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

**Findings:** 65% of cases reviewed were within the acceptable range (4-6). This is a substantial increase of 15 percentage points on this indicator (up from 50% last year), and it is the highest score the region has achieved on this indicator to date.

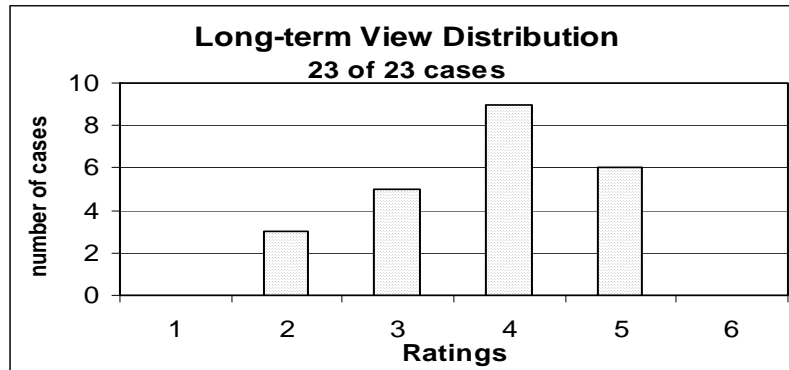




## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

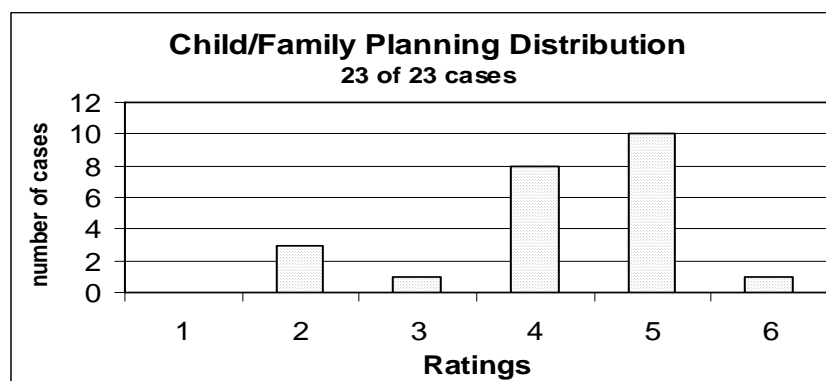
**Findings:** Eastern region achieved a score of 65% on this indicator. This indicator made a significant improvement upon the 54% score they achieved last year.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

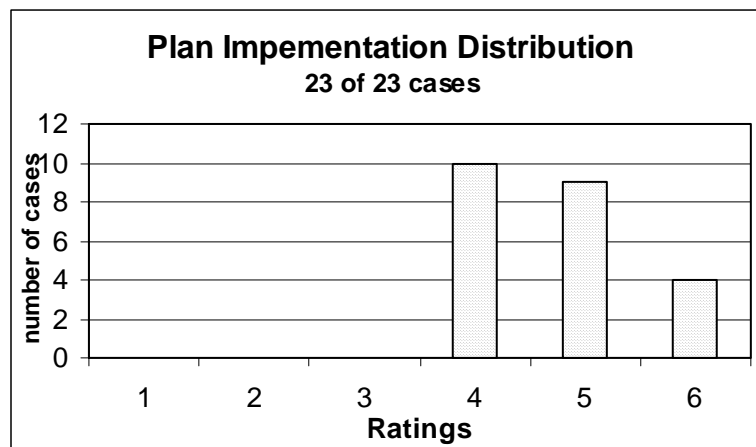
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is identical to last year's score. Nearly half of the cases achieved a score of substantially acceptable or optimal.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

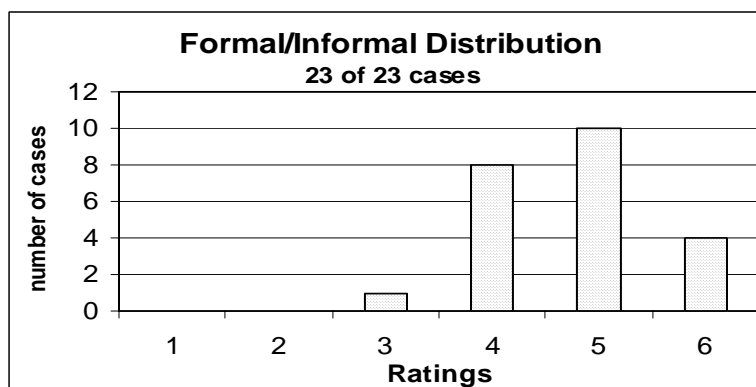
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is an increase from 92% last year. Thirteen of the 24 cases reviewed had plan implementation that was either substantially acceptable or optimal.



## Formal/Informal Supports

**Summative Questions:** Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

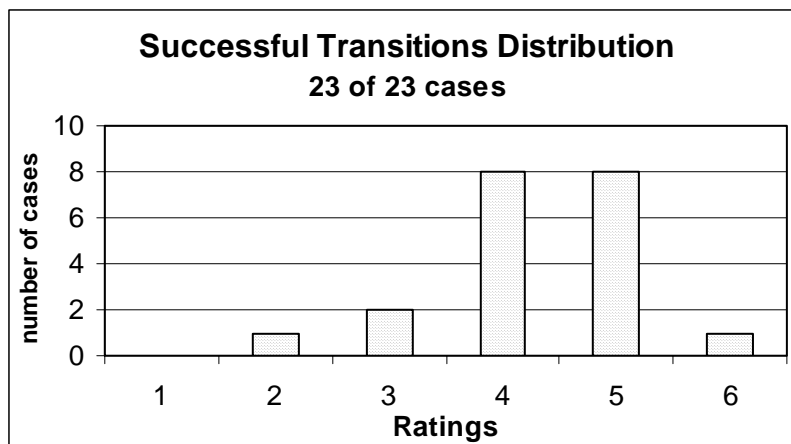
**Findings:** 96% of cases reviewed were within the acceptable range (4-6), which is the same high mark achieved last year on this indicator.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

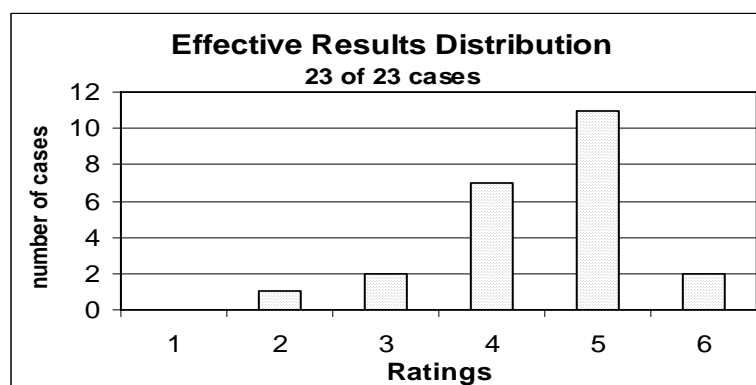
**Findings:** 85% of cases reviewed were within the acceptable range (4-6), which was slightly better than last year's score of 81%.



## Effective Results

**Summative Questions:** Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

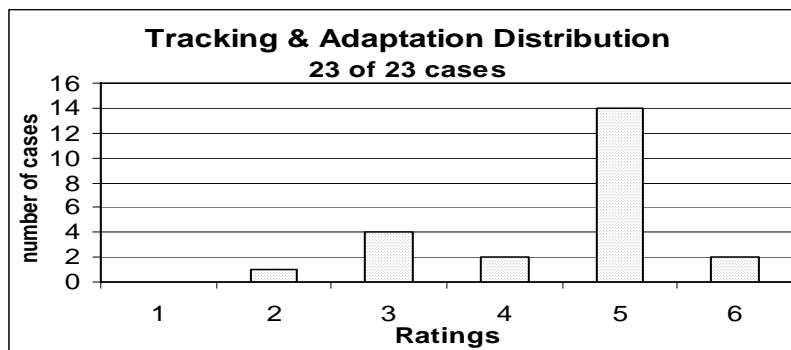
**Findings:** 87% of cases reviewed were within the acceptable range (4-6), a decrease of 13 points from last year's score of 100%. Thirteen of the cases had results that were either substantially or optimally effective.



## Tracking and Adaptation

**Summative Questions:** Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

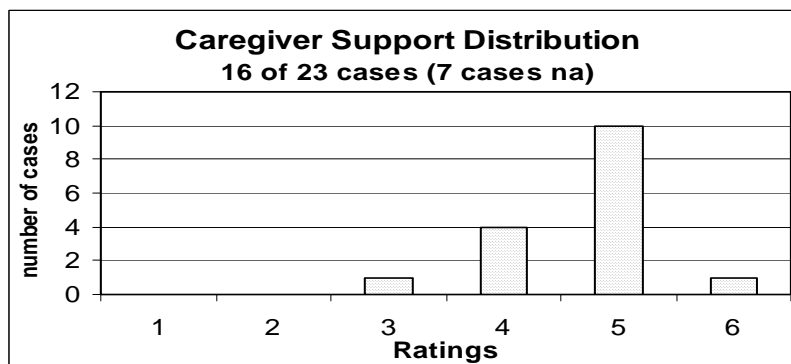
**Findings:** 78% of cases reviewed were within the acceptable range (4-6). This was a decrease of 10 percentage points from last year's score of 88%. Although the overall score declined, sixteen of the cases had either substantially acceptable or optimal Tracking and Adaptation.



## Caregiver Support

**Summative Questions:** Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

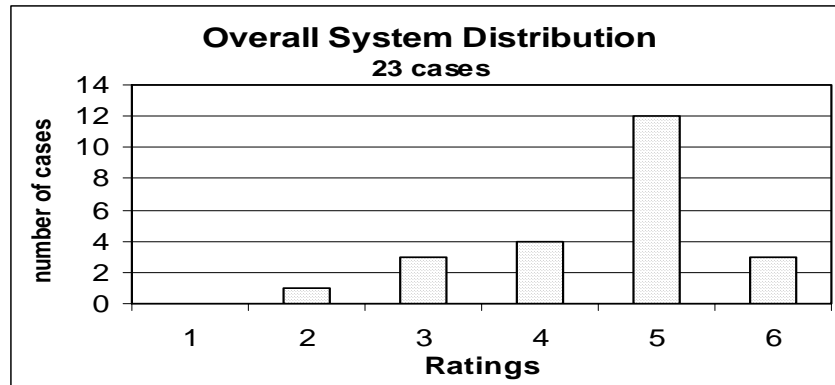
**Findings:** 94% of cases reviewed were in the acceptable range (4-6). Twelve of the sixteen cases that received a score on this indicator were either substantially acceptable or optimal.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decline from last year's score of 88% and falls just short of the exit criteria.



## Status Forecast

An additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver is the child and family's overall status likely to improve, stay about the same or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, seven were expected to remain the same, two were expected to decline or deteriorate, and 14 were expected to improve.

## Outcome Matrix

The display below presents a matrix analysis of the results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

Obviously, the most desirable result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient and resourceful children and families or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents a good level of positive outcomes. Every case but the case where the child was AWOL had acceptable overall Child Status. Just four cases had unacceptable overall System Performance.

	<b>Favorable Status of Child Outcome 1</b>	<b>Unfavorable Status of Child Outcome 2</b>	
<b>Acceptable System Performance</b>	Good status for the child, agency services presently acceptable.  n= 19  79%	Poor status for the child,  agency services minimally acceptable but limited in reach or efficacy.  n= 0  0%	<b>Total</b>      <b>79%</b>
<b>Unacceptable System Performance</b>	<b>Outcome 3</b> Good status for the child, agency mixed or presently unacceptable. n= 4 17%	<b>Outcome 4</b> Poor status for the child, agency presently unacceptable. n= 0 0%	<b>17%</b>
	<b>Total 96%</b>	<b>0%</b>	<b>100%</b>

Before moving on to case specific findings, some further comment on the overall outcomes may be helpful to the region. There is a wide spread perception in the region that their success on the QCR is hampered by tribal cases. This issue came up in multiple focus groups in various areas of the region. Some DCFS staff members believe that there is no possibility they can ever pass the QCR because of the tribal cases. Others feel that tribal cases should be reviewed separately because DCFS “has no control over what the tribe does.”

In an effort to address these concerns and evaluate the validity of the concerns, OSR looked specifically at the outcome of the three tribal cases reviewed in this review. All three were out of the Ute Tribal office. All three of these cases had acceptable overall Child Status and acceptable overall System Performance. All three of the cases had acceptable scores on Safety, Child and Family Planning, Plan Implementation, and Tracking and Adaptation. Two of the three cases had acceptable scores on Stability, Child and Family Team/Coordination, and Child and Family Assessment. Tribal cases did struggle on Prospects for Permanence and Long-term View, with two of the three cases receiving unacceptable scores, but it is important to note that seven of the 11 unacceptable scores on Prospects for Permanence and six of the eight unacceptable scores on Long-term View were on non-tribal cases.

The chart below shows where the four cases with unacceptable overall System Performance came from. One was from Office B, another was from Office C, and the last two were from Office G. Both of the Office G cases with unacceptable overall System Performance were home based cases from the same supervisor.

SYSTEM PERFORMANCE				
	# in sample	# Acceptable	% Acceptable	Average Score
Office A- Sup #1	1	1	NA	NA
Office A- Sup #2	1	1	100%	5.0
Office B	1	0	0%	3.0
Office C	2	1	50%	3.5
Office D- Sup #1	3	3	100%	5.3
Office D-Sup #2	5	5	100%	5.0
Office E- Sup #1	1	1	100%	5.0
Office E-Sup #2	1	1	100%	5.0
Office F	3	3	100%	4.3
Office G- #1	2	2	100%	5.5
Office G-Sup #2	3	1	33%	3.3
TOTAL	23	19	83%	4.6

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Eastern Region, the reviewers produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewer's perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the case worker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review and to the Monitor for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only selected indicators are discussed below.

### **Child and Family Status**

#### **Safety**

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 96% in the current review, nearly identical to the ideal score of 100% scored last year.

One story illustrated how creative and practical solutions are being devised to assure that children are well supervised during their stay in foster homes.

*[The target child's] current situation indicates that he is substantially safe at home and at school. There were behaviors early in this school year (August/September) that indicated a potential safety risk to other children. There was at least one incident in which [the target child] choked another child and "destroyed" someone's lunch. According to the teacher, these behaviors are no longer observed and his overall behavior has significantly improved. [The target child] also tends to leave home to play in the neighborhood and forgets to come back at the designated time. Strategies such as an alarm on his watch have been employed. This behavior was not considered a safety issue by the foster mom or other team members.*

The one case that received an unacceptable score on safety did so because the child was on the run at the time of the review. This was surprising given the child was in a secure facility at the time and many precautions had been taken to assure she did not run.

*[The] target child just turned 16 years old and is currently on the run. She was in a residential treatment facility in [a city outside of the region]. At the time of her run she was on 24-hour surveillance and wearing an orange jumper with no shoes due to a run two weeks earlier.*



## Stability

Stability is an important indicator of well being for children, especially for those in foster care. The Region's performance on this indicator improved from 83% last year to 87% this year. Every home-based case received an acceptable score on stability, meaning the reviewers did not see the child as being at risk of being removed from their home. Thirteen of the sixteen foster care cases that were scored on this indicator earned an acceptable score. This is an amazing accomplishment given that only two of these cases were adoption cases and only one had the goal of guardianship. Seven of the cases had Return Home goals and the other six had the goal of Individualized Permanency. It has traditionally been difficult to achieve stability in Return Home and Individualized Permanency cases, but Eastern region had an exceptionally good showing on this indicator, especially considering the underlying goals. The following example is from one of the cases that had a goal of Individualized Permanency.

*Both girls were placed in [the foster mother's] care in April 2005, almost two years ago, and all circumstances of their placement in this home appear favorable. Presently [the foster mother] and the girls live in her parents' home where she has been helping care for her mother during her mother's battle with [a chronic illness]. Eventually the plan is for [the foster mother] to claim her home lot from the Ute tribe, hopefully in a location close to her parents' home where she will build a house for herself and the two girls. Nothing in their present or past situation signals any jeopardy to their stability in [this] home. [The target child] and her sister regard and refer to [the foster mother] as their mother and seem to be closely bonded with other members of [her] family.*

There were only three cases that received unacceptable scores on stability. In two of these cases one of the parties to the case requested a move that led to an unacceptable score on stability. In the first case the foster parents were approached about having a foster child who had previously been in their home return to their home. They agreed to this, but that led to requesting that the target child of this review leave their home. In the other case the foster child requested to be moved due to the chaos, conflict and large number of people (including eight other girls and several pets) in the foster home. The move was pending at the time of the review. In the third case the child was just returned home, but team members believe it is unlikely the mother will be successful; therefore, the child is at an elevated risk of removal.

## Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator dipped slightly from 63% last year to 61% in the current QCR sample. There were nine cases that received an unacceptable score on this indicator. Eight of the sixteen foster care cases that were scored on this indicator had acceptable scores and the other eight had unacceptable scores. Of the seven home-based cases, only one received an unacceptable score. Age did not appear to be a factor in whether or not a case received an acceptable score. Five of the nine cases with unacceptable scores involved target children that were under 12 years old while the other four cases involved teenagers. The reasons for lack of permanency in these nine cases fell into two broad categories: the behaviors of individuals in the case or the lack of commitment of a party to the case.

In three of the cases reviewers believed that the prospect of the child either returning or remaining home was unlikely because the parent was not making sufficient progress on their service plan or was not expected to be able to maintain success for the long term. In one case the possibility of placement with the extended family needed to be explored, in another the foster parents had just requested the child be removed, and in the last the grandparents stated that they were not willing to raise the children if they could not return to their mother.

In two of the cases the barrier to permanency appeared to be the child's behavior. In both of these cases the children had been removed due to ungovernable behavior or delinquency. Concern that the child's behavior would prevent a successful return home was coupled with concern that the parent or grandparent from whom the child had been removed could not provide adequate supervision or set and enforce boundaries.

In three of the cases either the child or the foster parent had recently considered or requested a move, or they expressed a desire to see if they could "get over some bumps in the road" before they decided whether or not the placement would endure.

In the remaining case, the father had recently filed an appeal to the termination of his parental rights that was expected to upset adoption plans. In many of these cases a strong concurrent plan may have led to an acceptable permanency score, but a strong concurrent plan was not evident. Hence, when the primary plan was in jeopardy the result was an unacceptable score on Prospects for Permanence.

### **Family Functioning and Resourcefulness**

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The region improved their score on this indicator from 69% last year to 77% this year. The following story excerpt illustrates the progress a family can make once they engage in services. This progress led to an acceptable score on Family Functioning. More importantly, the children will soon return home on a trial home placement.

*It is evident in this case that these children are set to return home within the next few weeks. The treatment program will be completed by May 1st and the team seems to be on board with [the target child] and his siblings returning home by that date at the latest. Permanency for [the target child] is being resolved. The parents have been substance-free since August and they have secured appropriate housing and employment and are working with the team in a productive, non-defensive manner. It is quite clear that the parents have done what has been asked of them in this case in order for their children to be returned to them. When we visited with the parents, they were anticipating the return of [the target child] and his two siblings within the next few weeks and were excited about them coming home.*

Only three cases received unacceptable scores on Family Functioning, and none of them was an in-home case. One of these cases involved an ungovernable youth who was removed from his grandmother. There were concerns that she could not provide adequate supervision and set

appropriate boundaries if he returned to her home. In the other two cases the parents were working on overcoming substance abuse issues. An excerpt from one of these stories follows.

*As of this review, the Child and Family Team does not believe mother and stepfather are even beginning to take control of their family's issues and situation. [The target child's] parents still struggle with their IOP (Intense Outpatient Program) at [a local provider]. Their counselors feel they are still in denial of the issues about their drug use. Further, they continue to produce positive drug tests for marijuana.*

## **System Performance**

### **Child and Family Team/Coordination**

The use of child and family teams is a core aspect of the practice model and leads to success in many other areas of system performance. The score on this key indicator of system performance remained nearly identical to last year, 74% this year versus 75% last year.

The following is just one example of the effective teaming and coordination that was evident in many of the cases on this review. The example illustrates many aspects of good teaming such as utilization of all team members, team members feeling a sense of ownership, participation by extended family members, common understanding of the goals and long-term view, and recognition of the worker as the point of contact.

*Teaming and Coordination was considered optimal thanks in large part to the DCFS caseworker. The worker utilizes all the team members. Because of this everyone involved seems to feel that they own part of [the target child's] success. The worker has been open to letting extended members of [the target child's] family be a part of the meetings, including the sisters, a boyfriend of one of the sisters, and [the target child's] mother. It is apparent that all members are aware of what the goals are and where [the target child] is. Every person we talked with was able to tell us the same thing about [the target child's] status. All parties interviewed pointed to the worker as the facilitator of the team. Also, this worker takes all the DSPD coordinated cases, which has helped give her expertise when dealing with DSPD. This has fostered a better working relationship between the sister agencies.*

The following example illustrates how lack of teaming resulted in a lack of attention to an important issue for the child and family.

*The people involved in [the target child's] life do not feel like a team but they are all very interested in being one. The development and coordination of a child and family team has not occurred. As a result, events are occurring without an understanding of them or planning for their impact. For example, although the issue of establishing paternity has been identified for over two years, there have been no team meetings to monitor the progress on this issue or to build the relationships that would result in a mutual understanding of the implications and how to handle the result. The result was a perception that [foster mother] was called and told to take [the target child] for a DNA test with no preparation. That resulted in [the target child] becoming afraid that it would mean that she would have to move immediately and in a situation in which no one on the team is prepared for the possible emotional consequences to all involved – [the target child's] fear of the result, loss of certainty about the man she has considered her father and her possible discovery that her father is unknown and [the presumed father's] grief if he finds*

*out that [the target child] is not his biological child. How will the planning direction respond to the information? How can the team work together to support each other through the process? These issues have not been considered nor has the groundwork been done to prepare. Other issues that could be important to a functioning child and family team for this family include the relationship between [the target child's brother] and [the target child] and how the positives in that relationship can be supported, the role of other family members in planning with and supporting the children, and the permanency plans – primary and concurrent.*

A score of 74% on this indicator exceeds the exit criteria, yet allows room for additional improvement. There were six cases that received unacceptable scores on teaming. Some of the things reviewers saw that led to the unacceptable scores included meetings being held sparsely, teams that lacked important members such as the teacher, therapist or family members; meetings held at the convenience of the agency such that other members could not attend, parents feeling they had no influence, and team members having incorrect information due to lack of communication.

### **Child and Family Assessment**

The child and family assessment indicator rose from 50% last year to 65% in the current review. The following example illustrates how using previous assessments and historical information can lead to good outcomes and aid in selecting service providers.

*All of the persons interviewed had a “big picture” understanding of [the target child] and her underlying needs. Soon after [father] was charged with sexual abuse of [target child's half sister], [target child] began therapy for secondary trauma. The foster mother was successful in having [target child] meet with the same therapist she had a year ago. The therapist had prior psychological assessments regarding [target child's] prior sexual abuse and she was familiar with [her] issues.*

*The [team] used informal assessments as an ongoing process. The [team] did a great job assessing the underlying needs for [target child] and crafting the necessary services to address those needs. Mother, in her timeline, provides additional key and important information regarding her history with trauma that may provide the [team] a better understanding of her current situation with using drugs*

There was also an example of how lack of answers to important assessment questions led to only minimally acceptable results.

*The assessment needs to address several additional areas in order for the limited progress and momentum to continue. There needs to be a thorough assessment of the needs of the foster mother. In the current update of the child and family assessment she is described as “frustrated” and “overwhelmed.” What needs are driving these feelings and [whether she can] continue to function (at this level) with a challenging child in the home are issues needing further assessment. A determination should be made as to what underlies the child's current behavior. ADHD has been considered and a judgment on this diagnosis is still pending. Fetal Alcohol Syndrome and related conditions have not yet been assessed. [The target child's] need for individual attention has been identified. However, the means to address this need has not been determined. Assessment of [the target child's] academic performance is in process but not yet complete. Finally, information associated with informal supports, including the potential*

*marriage of the foster mom to a virtually unknown paramour, needs to be assessed and clarified in order to determine the capacities of existing supports and the need to develop additional supports.*

Eight cases received unacceptable scores on Child and Family Assessment. Some of the things the reviewers saw that led to these scores were lack of assessment on key family members, potential placements, or appropriateness of sibling contact; missing input of team members, underlying needs not being identified, missing formal assessments or incomplete informal assessment.

### **Long-term View**

The long-term view indicator rose from 54% last year to 65% in the current review. This is a commendable improvement in an indicator that has traditionally been difficult for regions to master. The importance and usefulness of an acceptable Long-term view was clear in a case story narrative. This explanation highlights the importance of identifying specific steps to be taken to accomplish and sustain the Long-term View, which in this case was Individualized Permanency.

*[The target child's] goal is for Individualized Permanence and his long-term view is "[Target child] will become independent with support through DSPD and Rise. He will have gained the necessary skills to manage daily living activities in the type of community-based housing arrangement that he chooses." The long-term view could have scored a six if it was more explicit around [the target child's] ambitions, preferences and barriers. In following the goal and Long Term View the team has come up with the following plan. [Target child] will move into an apartment with his friend with DSPD services. [Target child's friend and target child] are receiving similar supports and their disabilities complement one another. Areas they need assistance with differ so they will be able to assist one another in the areas of deficiency. To meet these goals the team has begun working on preparing [target child] to be successful when he moves into an apartment i.e. independent living skills, etc. This goal is being adapted as [target child] gains success and at its current intensity level is showing excellent results. The entire team is in no rush to have [target child] make the move; instead the team members all stated that the move would happen when [target child] is ready. Most team members saw this as being around six to eight months away, but they have made plans to ensure that [target child] has the best chance at success.*

An example of the critical link between Long-term View and Permanency was apparent in one of the cases where lack of long term planning led to unacceptable permanency.

*The long term view is not clear as reflected in the discussion of prospects for permanency. The comment of one key member of the team when asked what the long term view is was, "That's a good question." Although many team members see possibilities, there is no clarity. The belief of some team members that the foster home is a long term resource is questioned by other team members who are not sure that the home will be able to respond with the flexibility needed if [target child], as she moves into adolescence, starts challenging expectations. [Father], who wants to be a resource, does not want to push [target child] to do something she does not want to do. In addition, he is very uncertain about what the response of DCFS would be if he is not the biological father- although he stated it would make no difference to his commitment. [Target child] has said she does not want to be adopted but the reviewers are not sure what*

*that word means to her- i.e., does she think that adoption by either a family member or the foster family would cut off contact with the other?*

Eight cases had unacceptable scores on Long-term View. Reviewers cited lack of concurrent planning, lack of clarity among team members on long term direction, team members having different goals, and no common planning direction as reasons for these unacceptable scores.

### **Child and Family Planning Process**

The region's score on the Child and Family Planning Process indicator remained identical to last year's score of 83%, again significantly exceeding the exit criteria. The following excerpt is an excellent example of a plan that was individualized to meet the needs of both the child and the foster mother.

*The working plan was adapted to include therapy for [target child] and the foster mom. Modifications were also made at school (where most presenting issues existed) such as more individual assistance with reading, a rewards system for good performance and a special group to address academics and behaviors without singling out [target child]. The planning process seemed to effectively include and address most of the presenting issues in the case. These included the educational issues of reading and spelling and the need for an updated assessment of the observed behaviors. A clear diagnosis is still pending but the plan continues to facilitate the completion of this needed assessment piece. The plan also provided the framework for assisting the foster mother in addressing [target child's] behavior and mitigating her stress and feelings of being "overwhelmed."*

One case highlighted the importance of updating plans and adapting them as major changes in the case occur.

*The most recent service plan is dated November 24, 2006 and lists the permanency plan as reunification, with a concurrent plan of adoption. This plan predated the December 14 Permanency Hearing that terminated reunification efforts, and no update of the plan has been made since that hearing. The changes that have occurred with the father make the outcome of the case uncertain; thus, concurrent planning is essential and should address all possible outcomes of the case.*

*The plan has not adapted to major changes in life circumstances. Given the change in direction the case took with the December court order, the planning focus would change, although the parties involved in planning would not necessarily be different. Involvement of parents and extended family members is important in order to ensure the current and long-term emotional well-being of the children, who need to feel that they are loved by all the adults in their lives.*

Four cases received unacceptable scores on Child and Family Planning Process. Some of the reasons given by the reviewers were that the plan didn't address underlying needs, unacceptable teaming and assessment led to unacceptable planning, the plan had not been updated, lack of concurrent planning, generic planning that didn't address specific needs, and not adapting the plan as circumstances changed in the case.

### **Plan Implementation**

Plan Implementation has exceeded the exit criteria every year since FY 2001. This year the region achieved its highest score possible on this indicator, 100%. Here is a typical example of one of the cases that earned a substantially acceptable score on this indicator. One case illustrated the variety of services that had been implemented and the careful attention that was paid to layering services.

*Team members report that the plan was created at the team meeting and they have reviewed it at every subsequent meeting. The agency has done a nice job of wrapping services around this family. Both parents have completed intensive outpatient treatment. They are identifying mentors to help them with relapse prevention. Both parents are currently employed, and father has a realistic plan to improve his employment by moving from telephone surveying to driving a truck. Parents and children are involved in family therapy and have just begun working with a peer parent who is helping them identify their needs. Mother identified a need to plan and prepare meals and this has been addressed. Preliminary work on a budget has begun.*

*The reviewers were particularly impressed with the agency's response to the parents' need to pace services. The parents were initially overwhelmed with completing their drug treatment and getting employment. Gradually therapy was phased in, and domestic violence classes and peer parenting were begun as drug treatment ended.*

There were no cases that received an unacceptable score on this indicator.

### **Tracking and Adaptation**

Tracking and Adaptation has exceeded the exit criteria every year since FY 2001. This year the region achieved a score of 78%. One particularly important element of tracking is tracking the progress of parents in reunification cases. An example of effectively tracking the progress or lack of progress of the parents and making crucial adaptations was found in the following story excerpt.

*There have been some important actions taken due to excellent tracking and adaptation in this case. When the parents were still resisting intervention and had not yet engaged in any services after two or three months of DCFS involvement, the previous worker did an order to show cause and the parents were sent to jail. Both parents cite this as the turning point in the case. They were forced to go without drugs, which cleared their minds and allowed them to realize they were in serious danger of losing custody of their children. Upon their release both parents began working on the objectives of their services plans and have had clean UA's ever since.*

*The current worker has also done a nice job of tracking and adaptation. Father had agreed to start DV classes in January when he finished his intensive outpatient drug treatment. Early in January the worker noticed that this hadn't occurred, but with his follow up and encouragement father began the classes by the end of the month.*

There were five cases that had unacceptable scores on Tracking and Adaptation. All five of these cases also had unacceptable scores on teaming. An example from one case where lack of teaming led to unacceptable tracking and adaptation follows.

*Tracking and Adaptation also received a 3. This score reflects the lack of a coordinated team effort. This is particularly important in this case when part of the team is in [one city] and part is in [a distant city]. It appears occasional monitoring and communication about [the target child] is occurring; however, this needs to be substantially increased and inclusive of all team members.*

## **V. Recommendations for Practice Improvement**

Each review week concludes with an Exit Conference that all reviewers, state administrators, region staff and administration are invited to attend. The exit conference is an opportunity for a conversation between the review team, Regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Eastern Region performed very well on this review. Nonetheless, part of the purpose of each review is to identify areas where there is still room for improvement.



### **PRACTICE IMPROVEMENT OPPORTUNITIES:**

#### **LONG-TERM VIEW**

- The long-term view needs to be crafted within the team, anticipate the next transitions and outline steps in the case.
- The team needs to discuss not only what the next step is, but how that next step will be accomplished.
- The team needs a consistent understanding of the timeframes for the steps.
- The long-term view needs to be connected to the assessment.
- The long-term view should identify options and the necessary steps to implement the options.

#### **TEAMING**

- Use team meetings to communicate and coordinate among team members.

#### **ASSESSMENT**

- Be aware of the family's history so that the needs of parents are assessed as well as the needs of the child.

#### **TRAINING**

- Consider doing training specifically for Long-Term View and Assessment.
- Consider a "bounce-back" training for workers.
- Supervisors can follow the model of those who are performing well.

Reviewers also saw some opportunities to strengthen broader system processes:

- Find ways to give incentives to the workers. Workers and foster parents voiced a need to feel valued.
- Develop the following resources:
  - Providers that accept Medicaid



Housing assistance  
A clinical consultant in the basin area.  
Education around substance abuse and the cycle of recovery.  
Foster families that live within the region.

## **VI. Summary**

For the fourth consecutive year, Eastern region came close to passing their QCR review. Over the past three years their overall Child Status score has been between 92% and 100%. Their overall System Performance scores have vacillated between 83% and 92%. This year the overall score fell just a couple of points short, coming in at 83%. The region's nemesis has been two of the core indicators, Child and Family Assessment and Long-term View. The past three years they have fallen short of the exit criteria on those two core indicators, and that was true again this year, though both of these indicators showed improvement and came within one case of passing. Results on Child and Family Team Coordination, Child and Family Planning Process and Tracking and Adaptation have been consistently acceptable over those years. Results on Plan Implementation have been exception with scores ranging between 92% and 100%.

As the scores indicate, the region has some work to do around Child and Family Assessment and Long-term View. In conjunction with the Long-term View, Prospects for Permanence would also be an area to pay attention to inasmuch as the score on this indicator has slipped from 75% to 61% over the past two years. A steady decline in the Satisfaction score over the past five years also merits attention, this having fallen from 96% to 78%. Scores on the other Child Status indicators are healthy, six of them being in the 90<sup>th</sup> percentile or 100%. Scores on the non-core system indicators are also strong, ranging from 83% to 96%.

Based on the reports of both Division staff and community partners, relationships and teaming are much stronger in all areas of the region. Judges interviewed in two different areas were very complimentary of the workers, finding them to be caring and competent. In all areas of the region both staff and partners appear to be quite pleased overall with the progress and performance of the Division.

## **APPENDIX**

## I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must achieve the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
- 5. Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
- 6. Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
- 7. Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to*

*be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### **III. The Qualitative Case Review Process**

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS),

and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 24 cases were reviewed.

## **Reviewers**

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states. Utah reviewers “shadow” the Child Welfare Group reviewers as part of an organized reviewer training and certification process. These reviewers, once certified, become reviewers themselves and participate in subsequent reviews as part of the plan to develop and maintain internal capacity to sustain the review process. At this point, one half of the reviewer contingent ordinarily consists of Child Welfare Group reviewers and one half consists of certified Utah reviewers.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Child Welfare Group staff and Utah staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah’s child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations are briefly described in a separate section.